



**EMPOWERMENT SCHOLARSHIP ACCOUNT
2014-2015 SCHOOL YEAR APPLICATION**

Internal Use Only	Time Stamp:
SAIS number:	

Must PRINT in blue or black ONLY

**Incomplete applications will not be considered*

Student Name:	Current Grade:	Student's Date of Birth:
Address (PO Boxes will not be accepted):	City:	Zip Code:
County (Example Maricopa):	Phone:	
Applicant Parent Name:	E-mail Address:	
How would you like the Department to send official correspondence? E-mail <input type="checkbox"/> Mail <input type="checkbox"/>		
Please answer the following question: Do you reside in Arizona? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Please answer the following question regarding the <u>2013-2014</u> school year <u>ONLY</u> : Did the student attend an Arizona public school for the first 100 days? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Is your child eligible for Kindergarten for 2014-2015 school year? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If the answer is YES, a copy of the student's birth certificate is required for processing		
If your child attended Arizona Public School for the first 100 days; please list schools attended for <u>2013-2014</u> school year <u>ONLY</u>. School # 1		
School District/Charter Holder:	Dates of Attendance for 2013-2014: <div style="text-align: center;"> ____/____/____ ➡ ____/____/____ </div>	



EMPOWERMENT SCHOLARSHIP ACCOUNT
2014-2015 SCHOOL YEAR APPLICATION

Name of Public School:		
School # 2		
School District/Charter Holder:	Dates of Attendance for 2013-2014: ____/____/____ ➡ ____/____/____	
Name of Public School:		
School # 3		
School District/Charter Holder:	Dates of Attendance for 2013-2014: ____/____/____ ➡ ____/____/____	
Name of Public School:		
PLEASE READ THE FOLLOWING CAREFULLY AND CHECK ONLY ONE THAT APPLIES		
<p>Please check proof of document provided for special education services (submit one only)</p> <ul style="list-style-type: none">• ESA will not process any applications without one of the following documents;• If your child's MET, IEP or 504 Plan is expiring on or before July 15, 2014 a new one must be submitted by April 1, 2014 deadline to be considered for an ESA: <p><input type="checkbox"/> MET: Multidisciplinary Evaluation Team; valid for 3 years</p> <p><input type="checkbox"/> IEP: Individualized Education Program; valid for 1 year</p> <p><input type="checkbox"/> 504 Plan; valid for 1 year</p>		
<p>This application is for eligibility determination purposes ONLY. If the applicant student is deemed eligible, the Department of Education will provide written notice to the applicant which will include</p> <ul style="list-style-type: none">• Amount of funding available for the student's ESA for school year 2014-2015; acceptance letter must be returned by April 25, 2014 by 3pm• Instructions and restrictions for use of funds.		



EMPOWERMENT SCHOLARSHIP ACCOUNT
2014-2015 SCHOOL YEAR APPLICATION

IMPORTANT (Please read):

Please keep in mind that if you are deemed eligible for an ESA, and accept the award, you **MUST** withdrawal your child from public school for the 2014-2015 school year.

I certify the information provided in this application, including any supporting documentation is truthful and accurate.

Applicant Parent Name (*Print*)

Today's Date

Signature

Please mail completed application & required documents to:

Arizona Department of Education
Empowerment Scholarship Account
1535 W. Jefferson Street
Bin #41
Phoenix, Arizona 85007

OR

Email completed application & additional required documents to:
esaapps@azed.gov

OR

Fax completed application & additional required documents to:
602-542-1005

Applications **must** be submitted to ADE by

April 1, 2014 at 3pm

*Application or documents submitted after the deadline
will **not** be reviewed for the 2014-2015 enrollment cycle.*